

No. 300  
10-48

FILED MAR 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4519

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 496 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN</b> 0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NORTHSIDE Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>33 S. CHURCH</b>	
3. NAME OF DECEASED a. (First) <b>JAMES</b> b. (Middle) <b>REYNOLDS</b> c. (Last) <b>STRAUSER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 22 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 12 1868</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	11. BIRTHPLACE (State or foreign country) <b>FRANKLIN COUNTY, MO.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>SOSIAH STRAUSER</b>		13b. MOTHER'S MAIDEN NAME <b>MARIE SWAYER</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frances Martin Sullivan</b> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of large Bowel</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, &amp; Hypertension</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>153X</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Dec 1</b> , 19 <b>51</b> to <b>Feb 22</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Feb 22</b> , 19 <b>52</b> , and that death occurred at <b>3 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. F. Anderson M.D.</b> (Degree or title)		23b. ADDRESS <b>40 1/2 N. Clark St. Sullivan</b>	
23c. DATE SIGNED <b>2/24/52</b>		23d. LOCATION (City, town, or county) (State) <b>SULLIVAN, MO.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/25/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>		24d. LOCATION (City, town, or county) (State) <b>SULLIVAN, MO.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>A. M. Lator</b> ADDRESS <b>Sullivan, Mo.</b>		DATE REC'D BY LOCAL REG. <b>2-25-52</b>	

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edgar W. Laffoon  
Licensed Embalmer No. 13294

P. O. Address Sullivan MO

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.